

● PRINTER RUSH ●

(PTO ASSISTANCE)

Application: <u>10/685310</u>	Examiner: <u>Kennedy, S</u>	GAU: <u>3762</u>
From: <u>SLC</u>	Location: <u>IDC</u> FMF FDC	Date: <u>7-21-05</u>
Tracking #: <u>06123009</u>		Week Date: <u>7/11/2005</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM		<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input checked="" type="checkbox"/> OATH	<u>10-14-2003</u>	
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

[RUSH] MESSAGE: Inventors: Residence address of Chauncey F. Ross (deceased inventor) is incomplete on the declaration. Please provide the city of the deceased inventor, and update the palm/bib data sheet to include the city and state of the deceased inventor.

Thank You,
SLC

[XRUSH] RESPONSE: _____

view document dated 7-1-05 OATH
new bib data sheet provided

INITIALS: RP

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04



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Bib Data Sheet

CONFIRMATION NO. 5040

SERIAL NUMBER 10/685,310	FILING OR 371(c) DATE 10/14/2003 RULE	CLASS 604	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 03273-PA-DIV
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APPLICANTS
 Chauncey F. Ross, Cortland, OH, Deceased;
 Dianne L. Hilderbrand, Cortland, OH, Legal Representative;

**** CONTINUING DATA *******
 This application is a DIV of 10/286,707 10/31/2002 PAT 6,702,790

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 01/16/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

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TITLE
 HYPODERMIC NEEDLE

FILING FEE RECEIVED 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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